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REA MAGNET WIRE COMPANY INCORPORATE
LAS CRUCES, NM 88005



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HZ/RC/NT

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32 x 10

0229 0000 2574



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ NMR000002394

02/10/98

INSTALLATION ADDRESS

REA MAGNET WIRE COMPANY INC
301 REA BLVD
LAS CRUCES , NM 88005
DWIGHT MATTMULLER PLANT MGR

301 REA BLVD
LAS CRUCES , NM 88005

EPA Form 8700-12A (6-90)

0229 0000 2575



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NMRO00002394

01/12/98

INSTALLATION ADDRESS

REA MAGNET WIRE COMPANY INC
301 REA BLVD
LAS CRUCES, NM 88005
DWIGHT MATTMULLER PLANT MGR

301 REA BLVD
LAS CRUCES, NM 88005

0229 0000 2576

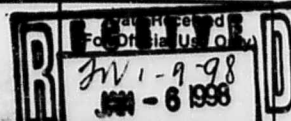
Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-07

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12, before completing this form. The information requested here is required by law (Section 3016 of the Resource Conservation and Recovery Act).

**Notification of Regulated Waste Activity**

United States Environmental Protection Agency

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

A. Initial Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NM R0000002394

II. Name of Installation (Include company and specific-site name)

REA MAGNET WIRE COMPANY INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

301 REA BLVD

Street (Continued)

WEST MESA INDUSTRIAL PARK

City or Town

LAS CRUCES

State

NM

Zip Code

88005-

County Code

County Name

DONA ANA

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

MATTMULLER

(First)

DWIGHT

Job Title

PLANT MANAGER

Phone Number (Area Code and Number)

505-522-4732

VI. Installation Contact Address (See instructions)A. Contact Address
Location Mailing

B. Street or P.O. Box

301 REA BLVD

City or Town

LAS CRUCES

State

NM

Zip Code

88005-

VII. Ownership (See instructions)**A. Name of Installation's Legal Owner**

REA MAGNET WIRE COMPANY INC

Street, P.O. Box, or Route Number

PO BOX 6128

City or Town

FORT WAYNE

State

IN

Zip Code

46896-0128

Phone Number (Area Code and Number)

219-421-7321

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

thead gaged 11/3/98

0229 0000 2577

Please print or type with ELITE type (10 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 10-31-99
GSA No. 0246 EPA OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Referral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D026

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F003	2 F004	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>George H. [Signature]</i>	Name and Official Title (Type or print) <i>George H. [Signature] Plant Manager</i>	Date Signed <i>10/1/99</i>
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XI. Comments

Plant under construction, waste generation based on construction permit but may vary

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)